**Contact Person:** 

Virginia Bureau of Insurance

1300 East Main Street Richmond, VA 23219

Effective as of: December 1, 2005

## **Review Requirements Checklist**

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| LINE OF BUSINESS: Burglary & Theft              | LINE(S) OF INSURANCE     | CODES          |
|---|--------------------------|----------------|
|   | <u>Kidnap and Ransom</u> | <u>17.0013</u> |
| Code: 26.0000                                   |                          |                |
| IF CHECKLIST IS NOT APPLICABLE, PLEASE EXPLAIN: |                          |                |
|   |                          |                |

THIS NAIC PRODUCT REVIEW REQUIREMENTS CHECKLIST CONTAINS ADMINISTRATIVE FILING REQUIREMENTS. DETAILED INFORMATION PERTAINING TO LEGAL REQUIREMENTS ARE CONTAINED IN THE NAIC PRODUCT REQUIREMENTS LOCATOR (PRL). SELECT THE COMMERCIAL CRIME PRL FROM THE LINK BELOW.

| REVIEW REQUIREMENTS                   | REFERENCE                          | DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS  |
|---------------------------------------|------------------------------------|---|
| GENERAL REQUIREMENTS FOR ALL FILINGS  |                                    |   |
| VIRGINIA INSURANCE CODE               | Title 38.2 of the Code of Virginia |   |
| NAIC UNIFORM PRODUCT CODING<br>MATRIX | Product Coding Matrix              |   |
| NAIC PRODUCT REQUIREMENTS<br>LOCATOR  |                                    | The Product Requirement Locator (PRL) is a searchable database containing detailed descriptions of filing and legal requirements. |

| REVIEW REQUIREMENTS   | REFERENCE   | DESCRIPTION OF REVIEW   |
|---|---|---|
|   |   | STANDARDS REQUIREMENTS  |
| GENERAL REQUIREMENTS FOR ALL F  | ILINGS  |   |
| COPIES, RETURN ENVELOPES, ETC   | Administrative<br>Procedure                                 | A complete copy of the filing must be sent for each company with a reply copy and self addressed stamped envelope if a stamped acknowledgment is desired.   |
|   | A 1   |   |
|   | Administrative Letter 1983-7  Administrative Letter 2005-02 | The cover letter must contain the NAIC number, full name of each company for which the filing is being submitted, and the proposed method and date(s) of implementation (see next section.) The cover letter or explanatory memorandum should indicate the forms, rules or rates that are being withdrawn or replaced. Companies may use a fully completed and signed NAIC Uniform Transmittal Form in lieu of a cover letter.  |
| COVER LETTER AND EXPLANATORY MEMORANDUM                                 | 2003 02   | completed and signed typic of morni fransmittan form in lied of a cover letter.   |
| EFFECTIVE DATE WORDING/<br>IMPLEMENTATION METHOD FOR<br>COMPANY FILINGS | Administrative Letter 2005-02                               | The cover letter or NAIC Uniform Transmittal Form must request the implementation method selected for the filing e.g. "policies effective", "policies written", "policies issued or delivered" and/or "policies processed" and state the specific implementation date. The method of implementation selected for each filing must be specific and applied consistently to each company named in the filing.   |
| EFFECTIVE DATE WORDING/ IMPLEMENTATION METHOD FOR RSO FILINGS           | Administrative Letter 2005-02                               | If the company desires an implementation method other than the method designated by the company's authorized RSO, the company must submit a filing prior to the implementation effective date of the RSO filing providing the Bureau with the method of implementation selected by the company. Another option would be for the insurer to submit a manual rule, applicable to the program(s) filed on its behalf by an RSO, indicating the implementation method that the company will use for all filings in lieu of the implementation method proposed by the RSO. For example, the rule could be similar to the following, "All filings submitted on our behalf by the RSO will be implemented on a policy effective date basis." |
| FILING SUBMISSION   | Administrative<br>Procedure                                 | Filings (other than installment payment plans) must be made separately by line of insurance and/or by program and include a complete copy of the filing for each company to which it applies. Group filings must be sorted and collated by company. This also applies to replies to correspondence and to re-submissions.   |

| REVIEW REQUIREMENTS   | REFERENCE                             | DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS  |  |  |
|---|---------------------------------------|---|--|--|
| GENERAL REQUIREMENTS FOR ALL FILINGS  |                                       |   |  |  |
| THIRD PARTY FILERS AUTHORITY - Insurer may authorize a third party (other than an RSO) to make filings on its behalf. | VA Filing Guidelines Handbook         | Either a completed and signed filing authorization form granting authority to make the filing or a signed original letter referencing the specific filing must accompany filing.  |  |  |
| FORMS LISTS   | VA Filing Guidelines<br>Handbook      | An updated list of forms in numerical order, including form numbers, edition dates, and titles, must be provided with every filing that includes forms. The notation of "mandatory" or "optional" for non-premium bearing forms on the forms lists suffices for a manual rule.  |  |  |
| RATE AND/OR RULE PAGES<br>REQUIRED  | § 38.2-1906  Administrative Procedure | The company must provide the rates and supplementary rate information on 8-1/2x11" size paper. The rate and /or supplementary rate information pages should not be labeled as "Exhibit" or contain similar reference. Rate and supplementary rate pages should be labeled with the company or group name and the program type or name. A rating rule is required for each premium bearing form. |  |  |

| I hereby certify that I have reviewed the attached Commercial Multiline Burglary and Theft filing and determined that it is in compliance with the listed in the Commercial Multiline Burglary and Theft Review Standards Checklist and the Crime PRL. |        |  |
|--|--------|--|
| Signed:  |        |  |
| Name:  | Title: |  |

E-Mail Address:

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_ Phone No: ( ) \_\_\_\_\_ FAX No: ( ) \_\_\_\_\_